**ICMS Laboratory Purchase Request Form (for Lab user)**

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| --- | --- | --- | --- | --- |
| **Filled in by requester** | | | | |
| **Requester information** | | | | |
| Name ： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  姓名： \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ | | | Student No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Purchasing items (by requester)** | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **產品名稱 (規格，生產商，產品編號) Product name (Specification, brand name, Catalog no.)** | **包裝規格**  **Packing Size** | **數量 Qty** | **Safety assessment**  **(Yes/No)** | **估算價格**  **Estimated price** | **HSEO 審核**  **HSEO endorsement** | | 1 |  |  |  |  |  |  | | 2 |  |  |  |  |  |  | | 3 |  |  |  |  |  |  | | 4 |  |  |  |  |  |  | | 5 |  |  |  |  |  |  | | 6 |  |  |  |  |  |  | | 8 |  |  |  |  |  |  | | 10 |  |  |  |  |  |  | | 11 |  |  |  |  |  |  | | 12 |  |  |  |  |  |  | | 13 |  |  |  |  |  |  | | 14 |  |  |  |  |  |  | | 15 |  |  |  |  |  |  | |  | Total: |  |  | MOP |  |  | | | | | |
| **Justification :** | | | | |
| **Checked by Supervisor /PI:** | | | | |
| **Fund Source:** | **FDCT**: \_\_\_\_\_\_\_\_\_\_( ) | **RC**: \_\_\_\_\_\_\_\_\_\_ ( ) | | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature (supervisor / PI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Endorsed by Safety officer:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Approved by Directorship** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director Deputy Director Acting Director | | | | |
| **HSEO comments** | | | | |
|  | | | | |
| **Follow Up by Lab technician** | | | | |
| Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_\_\_\_ Ref No.:\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Remark** :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |